

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	A3 FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3	/					
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49						
50	/					

TOTAL IND.

← →

TOTAL DEP.

← →

TOTAL CLAIMS

← →

← →

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				